

THE  
MEDICAL AND SURGICAL REPORTER.

No. 538.]

PHILADELPHIA, JUNE 22, 1867. [Vol. XVI.—No. 25.

ORIGINAL DEPARTMENT.

Communications.

OBSTETRICAL SHOULDER PRESENTATIONS.

By EDWIN R. MAXSON, M. D.

Having been engaged in the practice of medicine and obstetrics, more than in surgical practice, my thoughts, reflections, and observations, have, as a consequence, been more in that direction. And though my study has been especially on the practice of medicine, I have done a fair amount of obstetrical business, and have always felt a deep anxiety to understand all the advancements in obstetrical, as well as in medical science.

This preliminary explanation is mainly an apology for what I am about to offer, as the result of my observation, on *shoulder presentations*. And, as I propose to offer only *facts*, I trust I may be pardoned for presuming to present facts contrary to the opinions of obstetricians of the present, as well as of past times. And though I do not pretend to be possessed of half their wisdom, in relation to this subject, I do claim to have made a *discovery*, that may yet be of great value to all obstetricians who may be willing to avail themselves of its benefits, the particulars of which I will now explain.

About the first of January, 1863, while practicing in Geneva, N. Y., I was consulted by Mrs. —, of that town, a Scotch lady, about thirty years of age, short, thick set, and robust. She stated that she was pregnant, and approaching her full time; and that her concern about her condition, depended upon the fact of her having borne three dead children, at full time, from shoulder presentations; her physician having told her that her peculiar *build* was probably the cause, making her fear that her next confinement would be attended with no better result. And I confess, that on a survey of her form, being so very large, and yet so short, I could not conscientiously give her any encouragement, that such might not be the case. Her physicians had very

properly, in her three confinements, turned and delivered, the children being large and all born dead.

She requested my attendance, when her full time should come, and expressed a hope that I might do something to avert the sad result of her previous confinements, and save the child; the process of turning and delivery, as it appeared, though skilfully performed, having caused the death of the children, in consequence, probably, in part, of their large size. I dismissed her with a few words of encouragement, telling her that I would consider her case, which I did, in this wise.

Soon after this I was called by an eminent practitioner, in consultation, in the case of a *prolapsed cord*, in a first confinement, there being also an *abdominal presentation*, of course very high. The patient had been in labor five hours, and the membranes had been ruptured three hours, most of the water having drained off. To reduce or replace the cord, in this case, I placed the woman in the *position* first suggested, I believe, by Dr. T. G. THOMAS, of New York; that is, upon her knees, with her face and shoulders down. In this position I very soon succeeded in passing the cord back into the uterine cavity. In fact, it readily slipped back, with the aid of very slight manipulations. But what impressed me most, in this case, was the fact, that the *position* of the patient, during the replacement of the cord, had corrected the presentation, rendering it perfectly natural. I say the *position* of the patient did this, from the fact, that the manipulation I resorted to, in putting back the cord, was so very slight, that I regarded the *position* of the patient, alone, as the cause of the very desirable result. I jogged the hips a little, however, which may have had a slight influence in correcting the presentation of the fetus, as well as in the replacement of the cord. The labor progressed naturally, thereafter, as I learned, though the child was still-born, perhaps on account of the *time* the cord had been prolapsed.

I did not take to myself any credit for the correction of the presentation, in this case, as it was accidental, and unexpected; though we were not sorry for the result; and I treasured up the fact in my mind, as well as recorded it in my notes.

book, from which I now draw the main facts, being determined, if possible, to turn it to account sometime, which I did in the following case, already referred to. On the 6th of February following, the husband of the lady first named, came about 10 o'clock at night, saying that his wife was to be confined, and asked my attendance. But as I had been up for two or three nights, I advised him to call my medical friend already referred to, with whom I held the consultation in the case of prolapsed cord, saying to him, that should any difficulty arise I would see her with him. To this he assented, and I went to rest, feeling that she had fallen into good hands, let what would come of it.

About 2 o'clock in the morning, I was called by the husband, saying, the doctor would like to see me, as there was trouble. The doctor informed me that he had a shoulder presentation, and that the water had drained off. I examined and found it as he had stated, the arm not being down. The doctor very properly suggested turning and delivery; but added, that as the child was evidently large, it would doubtless be lost, as the others had been. On a little reflection, during which I called to mind the case of mal-position with prolapsed cord I had so recently succeeded in correcting mainly by *position*, I suggested the *possibility* of correcting the presentation in this case by position and gentle manipulation; to which the doctor assented, saying it would do no harm, but thought it would not be successful. But feeling as I did a little *special* responsibility in the case, on account of having been previously consulted by the lady, I resolved, with the doctor's consent, to make the effort, which I did in the following manner:

I had her get upon her knees, on pillows, upon the bed, so as to raise her hips up well from the bed, her chest and face lying flat upon the bed, fetching the back at an angle, with it, of about forty-five degrees, the knees being a little apart; I then passed my hand, well smeared with lard, into the vagina, and with scarcely any effort, and without the least complaint, or evidence of uneasiness, on the part of the patient, crowded back, and of course down in her position, the shoulder, and slipping my hand between the brim of the pelvis and fetal head, I spread out my fingers and brought or directed it, during a pain, to the superior strait; and then, retaining the grasp, we had her turn her hips down carefully upon her left side on the bed; when, after a pain or two, the head engaged in the superior strait, and we had a perfectly natural presentation, without having used the least violence, or apparently caused any

pain or uneasiness to the patient; and all accomplished, I should judge, within from five to ten minutes.

The doctor being perfectly satisfied with the presentation, I left about 3 o'clock, A. M., and learned from him, that the labor progressed favorably, and terminated at 9, A. M., or about six hours after I left, the child being a fine plump boy of ten pounds, alive and well.

Now, the ease with which the hand is passed into the vagina and uterus, with the patient in this position, is wonderful, and will surprise any one that has never made the effort.

I have delayed reporting this case, except in the Ontario County Medical Society, up to this time, thinking that other cases might present themselves to me, whereby I might more fully test this method of proceeding in shoulder presentations. Such, however, has not been the case; and thinking possibly that I might not meet with other cases, I concluded to thus make a plain statement of the facts, which led me to the experiment; and also my firm conviction, from the result of this case, and from philosophic reasoning, that with this *position*, there need generally be no difficulty in thus converting a *shoulder presentation*, into a *natural* one; and that too, without necessarily subjecting the woman to any danger, from the slight manipulation required; or to scarcely any inconvenience even, thus rendering the life of both mother and child so much more secure than they can possibly be by turning and delivery in the usual way, however skilfully it may be performed. What I claim to have *discovered*, in this method, is the availability of the position suggested by Dr. T. G. THOMAS for replacement of the prolapsed cord, in the conversion of *shoulder* into *natural* presentations. And I have thus stated, plainly, the circumstances which led me to that *discovery*, and the result. Should it be found, on further trial, to be an improvement, as I trust it will, I shall feel amply repaid for the little thought it has cost me. If not, I am confident that no risk of injury, to mother or child, need necessarily be incurred, in the efforts required to settle the question.

It is not pretended that this can thus be accomplished in all stages of labor, or conditions of the parts. But that in all *conditions* of the parts and *stages* of labor, admitting of turning and delivery, the presentation may be thus corrected, with much less difficulty, and with far more *safety* to mother and child. In fact, no danger need be incurred in the effort required to thus correct a shoulder presentation; while to say nothing of the danger of lacerating the uterus in turning,

all obstetricians are aware of the danger attending cases in which the feet present, or are brought down, as in turning, from pressure of the head on the umbilical vein and arteries, before its expulsion, producing, in many cases, the death of the child, from apnoea. For the greater *safety of mother and child*, then, I suggest a trial of this course, of proceeding, in shoulder presentations. And while I do not believe it can be accomplished, without the *position*, which really does most of it, I am confident that with prudence, and the exercise of common sense, no one need fail, with the aid of the position, in any case, stage, or condition of labor, that would admit of turning and delivery. And though the cases referred to may not be sufficient to establish this course of proceeding in shoulder presentations, I do claim, that as the principles are clearly philosophical, further *trial* is warranted, which may reject or establish the *rule*. And while I am disposed to look with suspicion, upon new ideas that tend to change established practices, it is unquestionably our duty to adopt so much of that which is new and practical, as may tend to give greater security to those, who entrust their lives to our professional care.

#### TROPICAL HYGIENE.

By JAMES B. BURNET, M. D.,

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To an inhabitant of a cold or temperate climate coming into a tropical heat, the first year is particularly trying. Unless, indeed, he be well forewarned of the many dangers that surround him, and have discretion sufficient to exercise judgment in his every-day walk, he is peculiarly liable to fall a victim to disease, or to his own imprudence. In our own variable climate, there are many each year whose health requires them to seek warmer climates, and who need advice as to how they should act when they find themselves under southern suns. To their physicians they apply for counsel, and it is of the utmost importance that the advice they receive from them should be of the soundest kind. For the benefit, then, both of patient and of physician who may never have had an opportunity of studying much into this subject, and may never have seen the excellent essay that has been written upon it by Drs. JAMES JOHNSON and JAMES R. MARTIN, those sound authorities, we propose to give a brief summary of those distinguished physicians' treatise on "Tropical Hygiene."

It has been advised those who visit tropical climates to take the general outline of indigenous

customs for their guide; but this cannot be done at once, as it takes time to learn these customs, during which time disease may come; and besides, many of the ways and manners of the natives are founded on ignorance and superstition, and should be discountenanced and done away with, rather than imitated. Other advice is for the stranger to imitate the conduct of his countrymen who have long resided in the land. But neither is this a safe rule, as long residence confers upon settlers immunities that the new comer cannot enjoy. By keeping in view, however, the two great fundamental rules of *temperance* and *coolness*, many dangers may be avoided. These are the grand principles of intertropical hygiene. As most of the diseases that are attributable to climate are due to the sudden application of cold after heat has had its full effect upon the frame, the great object then is to moderate the heat and to become habituated to the impressions of cold. We say *cold*, because often in tropical climates the changes in the temperature are both very sudden and great; and first in order, let us speak of

*1st. Dress.* The natives of tropical climates guard themselves most cautiously against the heat of the powerful sun. The *turban* defends the head from the direct rays of the sun, and the *cummerbund*, encircling the waist, preserves the important viscera of the abdomen from sudden changes of temperature. These both are highly worthy of imitation. As a substitute for the turban, a cotton handkerchief may be folded up in the hat, and moistened with water when there is much exposure to extreme heat. Where atmospherical vicissitudes are sudden, a piece of flannel worn over the bowels is of great service, especially in those whose bowels are at all tender. In the tropics, *linen* must be laid aside. *Cotton* is admirably adapted for the tropics, on account of its being such a slow conductor of heat. It is cooler than linen, as it conducts more slowly external heat to our bodies, and, when the atmospherical temperature sinks suddenly, the cotton abstracts more slowly the heat from our bodies, and thus preserves a more steady equilibrium. It, moreover, absorbs the perspiration with greater facility. *Flannel* is superior to cotton in those parts such as Ceylon, Bombay, and Canton, where, in a short space of time, the thermometer has a wide range. But it is inconvenient, on account of its heaviness, from its being such a very slow conductor of heat from the body; and often the spiculæ of flannel prove irritating and increase the cuticular discharge, where our great object is to moderate it. The

stranger arriving in the tropics is very apt to change his linen three or four times a day, on account of the abundance of the perspiration. But this is an injurious habit, as the perspiration, already in excess, is thus powerfully and morbidly increased. The linen, therefore, should not be washed at once, as it is not soiled, although wet, but should be dried and *worn again*, and this without any infringement of the laws of personal cleanliness. Linen, thus impregnated with perspiration, is much less exhausting than that fresh from the wash. This may appear trifling, but in reality is of great importance.

"Its rationale is in direct unison with the grand and fundamental object in tropical prophylactics—to moderate, without checking, the cuticular discharge."

**2d. Food.** Great attention should be paid by a new comer to the tropics to the quantity and simplicity of his food. For the first year or two, there is a tendency to plethora, and hence nature guards against this evil by diminishing our appetites. Vegetable food is much better adapted to a tropical climate than animal, especially amongst strangers, as it excites less commotion in the system during digestion, and is not so apt afterward to produce plethora. It is a well known fact, that those natives who live almost exclusively on vegetables can stand much more fatigue than those who live more on an animal diet. The new comer should partake of a plain breakfast of bread and coffee, and avoid much indulgence in meats and fish. Dinner at one or two o'clock, and a cup of tea or coffee in the evening, will be found to agree much better than the late and sumptuous dinners so much in vogue in the tropics, which are particularly hurtful. There is an old Spanish saying, that oranges are gold in the morning, silver at noon, and lead at night. The general meaning of this is, that fruits should be eaten in the morning. They should be partaken of in limited quantities. Some fruits are more healthful than others. Mangoes are heating and stimulating, and apt to produce a pustular eruption, if freely indulged in. Pineapples should be eaten with great care. Plantains and bananas are healthy and wholesome.

**3d. Drink.** A perfectly aqueous regimen in drink affords the stranger the best chances for avoiding sickness. Indulgence in liquor facilitates the attack, and renders more difficult the cure of the diseases of the tropics. Acids have been said to be injurious in hot climates, but this is probably only true where the alimentary canal and bowels are in an irritable condition. Coconut water may be freely used, but should

always be freshly drawn. Of course, cold fluids should never be drank when the body is much heated and the perspiration abundant.

**4th. Exercise.** Active exercises during the heat of the day are particularly injurious and dangerous. As the cuticular and biliary secretions are already in excess, a perseverance in our ordinary exercise would prove highly detrimental. Still, as this excess leads to debility and diminished functional action, with a corresponding inequilibrium of the blood, we must counteract these tendencies by gentle exercise at proper times, such as early in the morning and in the evening.

**5th. Bathing.** Where there is no visceral obstruction, the cold-bath may be freely indulged in with impunity. This steels the frame against the dangers of atmospherical vicissitudes. It supports a natural and equable perspiratory discharge, and the hepatic functions partake of this salutary equilibrium, on account of the "cutaneo-hepatic sympathy" spoken of in our article on "Tropical Hepatic Diseases." In the morning and evening it is very refreshing, but should never be indulged in while the process of digestion is going on. Where any visceral derangements are present, the cold-bath would be injurious, and for it the tepid-bath should be substituted, taking care, however, to avoid a chill afterward.

**6th. Sleep.** The new comer into a tropical climate finds there is a great falling off in his sleep at first, and this has a very injurious influence upon his constitution. The great object is to sleep cool. Late suppers must be avoided, and a bath just before retiring is highly beneficial. The hour of retirement should not be later than ten o'clock, and at daylight one should arise to enjoy the fragrance and the beauty of the morning. Incubus or night mare is very apt to attack visitors to the tropics. It appears to originate in defective digestion. The authors, of whose essay we are giving a summary, say, "The following draught we have found very efficacious in preventing attacks of incubus, viz., carbonate of ammonia, ten grains; compound tincture of cardamoms, three drachms; cinnamon water, two ounces; to be taken going to bed."

**7th, and lastly. On the Prevention of Disease.** Many constitutions have been impaired or ruined by the destructive practice of some new comers into the tropics of dosing themselves with powerful medicines, for what they think is biliousness, or some other slight disorder. Such should know, however, that although medicine, when moderately and judiciously administered, is very



useful, still much more can be accomplished in guarding against disease by a proper observance of the laws of hygiene, than by all the doses of medicine they could possibly swallow. Let them not become the slaves of passion; let them carefully regulate their food, drink, and exercise; let them dress properly, and they will find that these things are the great safeguards against insidious disease.

*Curacao, West Indies, April 19, 1867.*

#### CONTRIBUTIONS TO TOXICOLOGY.

By P. H. VANDER WEYDE, M. D.,

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(Continued from page 500.)

##### No. 3. Anilin.

This was formerly only made from indigo, but is made at present from nitro-benzole by submitting it to the action of weak acetic acid and pulv. ferri. It is purified by repeated distillation. It is a limpid liquid not very soluble in water, but very soluble in alcohol, having an agreeable vinous odor, but very acrid taste, and is highly poisonous. The effects are very similar to those of nitro-benzole, but it is perhaps less dangerous, as it is easily changed into some insoluble, harmless, coloring substance, by the action of various oxides and salts. Three coloring substances have been universally introduced as coloring and dyeing materials. Diluted chromic acid, or chlorine water, changes the anilin readily into a violet, harmless salt; and may be considered an antidote.

##### No. 4. New Antidotes for Chlorine

At the other side, Dr. BOLLEY (German) discovered that anilin is a perfect antidote against the evil and distressing effects of chlorine inhalations. Water impregnated with anilin is dropped on a piece of cloth, and its strong odor is inhaled from time to time. It has been found invaluable for persons working in the bleaching rooms of paper and other factories; they take a sponge moistened with anilin-water and tie it before the mouth and nose, the effect is, that the mucous in the mouth and nose becomes violet colored, but the chlorine vapors lose their pungent effect; however some care must be taken not to get an overdose of anilin.

Tobacco smoke is another antidote against chlorine, but must be used without intermission. I recommend smoking continually good cigars when preparing chlorine; but when the cigar is extinguished and the pure gas is inhaled, all the distressing symptoms of chlorine poisoning set in

at once, of which I found nothing would relieve me but morphia, grain one-sixth, taken three times a day.

#### REPORT OF A CASE OF DISLOCATION OF THE HEAD OF THE RADIUS FORWARD.

By SAMUEL BIRDSALL, M. D.,

Br't Major and formerly Asst Surg. U. S. Vols.  
Of Susquehanna Depot, Pa.

January 28, 1867. I was called to see Charles Edwin Simonson, a strong healthy child, aged one year and twenty-one days. I found the right elbow very much swollen and painful. From his mother I obtained the following history.

She stated that three days before she accidentally pricked his elbow with a pin, and, that it immediately began to swell:—only incidentally mentioning that the little fellow had fallen into a small coal-box, a few hours before receiving the slight injury, to which she called my attention.

She did not think the fall caused it any harm, for there was no swelling of the elbow, till after the scratch of the pin, which, though slight, was still to be seen. I told the mother that the swelling was altogether too great to be accounted for by the injury from the pin, but that I would only apply a lotion, to reduce the swelling, and watch the case for a few days.

The box, into which the child fell, was about one foot high, and two feet in length, by one and a half in breadth; he was reaching after something and fell into it, but whether he fell with his arm under him, or caught hold of the side of the box, is not known. Notwithstanding this story of the mother, (so well calculated to deceive,) I came to the conclusion that there must be a dislocation, as the swelling did not diminish, nor the arm improve. There was deformity: the arm being slightly flexed, and in a position midway between pronation and supination. It could not be perfectly extended, nor flexed much beyond a right angle; neither could it be completely supinated. Here, then, we had deformity, preternatural immobility and an absence of crepitus. The child being so young it was very difficult to obtain an examination sufficient to ascertain these facts. There was too much swelling to detect the head of the radius in the bend of the elbow.

Reasoning upon the case, I was able to exclude all dislocations, except that of the head of the radius forward.

February 1. I placed the child completely under the influence of chloroform, and made a more

thorough examination than I had previously been able to do.

Attempting to flex the fore-arm, it was suddenly and completely arrested when a little beyond a right angle; the head of the radius struck against the humerus. This left no doubt as to the correctness of my diagnosis, which was confirmed by Dr. C. H. YELVINGTON, whom I called to assist me. I reduced the luxation by making extension in the line in which the fore-arm was, and pressing firmly upon the head of the radius. Under this pressure I distinctly felt the bone slip to its place, but was obliged to exert considerable strength to accomplish reduction. I then flexed the fore-arm, to see that nothing interfered with this important motion; brought it back to a right angle, and applied a leather splint, well padded, to the inside of the arm, and by a well-adjusted sling kept it at rest.

I removed the splint on the third day, and made passive motion; this was repeated every second or third day for two weeks, when the splint was dispensed with but the sling retained, thus allowing flexion, but not extension of the fore-arm. At the end of three weeks, all dressings were removed, and in a very short time the child had perfect use of its arm.

The case is interesting on account of the age of the patient and the apparently *slight cause* that produced this rare dislocation.

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
June 5, 1867. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

### Necrosis of Humerus.

This boy, ten years of age, has been suffering for eight weeks with an affection of the left arm, the upper portion of which is larger than its fellow, and presents a nipple-shaped body, characteristic of the existence of necrosis. The detached dead portion of the shaft of the bone, called the sequester, is imprisoned by the involucrum, the case of new bone formed by the agency of the periosteum.

The boy was placed under the influence of chloroform, and an incision made in the direction of the fibres of the deltoid muscles, to the surface of the new bone, the openings in which were enlarged, and the dead bone removed. The whole of the affected surface was then scraped, so as to place it in a proper condition for the granulating process. A tent was introduced, and the wound closed. The tent will be allowed to remain until suppuration takes place, when it will be removed, and the part washed out daily, with permanga-

nate of potassa. He was ordered iron and quinine, and a good nourishing diet.

### Operation for Hare-Lip at age of Six Days.

William E., *et. six days.* This child has hare-lip, the fissure being situated, as is most commonly the case, a little to the left of the median line. The proper period for the operation for this deformity is a mooted question. It has been performed in the first twenty-four or forty-eight hours after birth. Prof. Gross is opposed to such early operations. It is much more advisable to wait for three or four months, until the child is better developed, and better able to bear the operation, which must be attended with shock and some little loss of blood. In this case the operation may not succeed, on account of deficient vitality in the part.

The operation was performed with the loss of scarcely any blood, accurate approximation being effected by two twisted sutures, and an interrupted suture between them.

The child was ordered an abundance of milk, the natural stimulus of the stomach and the entire system in early childhood. It was also directed to be carried into the open air daily, care being taken it shall not take cold.

The upper pin will be removed at the end of forty-eight hours, the lower at the end of the third day.

### Epithelioma of the Lip.

George F., *et. 53 years.* Works in iron; of temperate habits, and apparently good constitution; married. He has epithelioma of the lower lip, on the right side, extending as far as the corner of the mouth, and thence on into the cheek. It was first perceived three and a half years ago. He never smoked a pipe, always a cigar. He suffers from a darting pain in the part. His general health is good; there is no enlargement of the glands at the base of the jaw. The ulcer extends at least one quarter inch from the commissure of the lip, lying between the dental arches.

The diseased mass was removed, the parts brought together by twisted and interrupted sutures, and the man ordered to live upon slops for the next few days, and walk about in the open air.

### Paraplegia from Gun-shot Wound.

Jno. R., *et. 25 years.* This man was wounded in battle three years ago. At the time of receiving the wound he seems to have been in a stooping posture, leaning forward, and the ball entered to the right side of the spinal column, at the lower portion of his back, and has remained lodged in an unknown position ever since. He has been in a state of paraplegia since the infliction of the wound. He can now walk with the aid of assistants, but the muscles are feeble; he is unable to stand long. As curious circumstances in the case, it is to be observed that there are situated directly over the coccyx, over the left trochanter, and upon the nates, pendulous tumors, evidently containing bursæ, developed in consequence of his inability to shift his posture, compelling him to remain for a long time in one position.

Where the ball is situated it is impossible to determine. In its passage it may have wounded

the lower portion of the spinal cord, or it may be lodged in the spinal canal, or in such a position as to press upon a portion of the spinal cord. He has impaired sensibility, as well as loss of power, in the lower extremities, which would imply that both the anterior and posterior columns of the cord have been injured. His bladder is paralyzed; he has labored constantly under incontinence of urine. His sexual powers are also impaired, showing that the nerves supplying the genito-urinary apparatus have suffered directly or indirectly, from the passage or lodgement of the foreign substance.

The question arises, what can be done in such a case? Notwithstanding that the injury has been occasioned by a foreign substance, which is still present, and may, by its pressure, keep up the symptoms, it is impossible to obtain access to it, consequently, it is necessary to trust to time for a cure. In all probability, in the course of the next few years he will be able to walk very well, especially under a system of training, reaching the muscles of the lower extremities the faculty of motion. The muscles should also be rubbed and kneaded well; they should be shampooed, using first warm water and castile soap, and then cold water, or the shower bath may be employed, first warm and then cold.

#### Lithotomy.

Francis L., *æt.*, 17; farmer, living in Montgomery county. He has labored under trouble with his bladder for about three years, passing his water frequently, with an occasional interruption in its flow. General health pretty good; he eats and sleeps well. He came under Prof. Gross' care ten days ago, at which time he was prescribed some laxative medicine and bicarbonate of soda, fifteen grains three times a day in a quarter of a tumbler of water. Under the influence of this treatment the morbid sensibility of the bladder became greatly ameliorated, so that he could retain his water for a much longer period than previously. He has retained his water since 9 o'clock this morning, there being, therefore, an accumulation of four hours duration in his bladder.

The operation in this case will be the lateral one, as performed by CHESELDEN. It consists in making the incision through the left side of the perineum, commencing about an inch above the verge of the anus at the raphé, and extending downward in an oblique direction to nearly midway between the tuberosity of the ischium and anus, a little nearer the former, and from one-half an inch to an inch below the anus according to circumstances. Prof. Gross is in the habit of making the outer incision small. The staff to be used should have a central and very large groove and be held nearly perpendicular, with a very slight inclination over toward the right side so as to render the convex portion of the instrument a little prominent on the left side of the perineum, the seat of the operation. It should be well up against the arch of the pubis, away from the rectum, which would otherwise be in danger of being injured in the latter stages of the operation. The staff holder stands on the left side of the patient. The staff should not be introduced until

the patient is fully under the influence of the anæsthetic.

There are two points in the operation which constitute its difficulty. The one is to hit the groove of the staff, and the other to seize the calculus, which is not always very readily taken hold of.

The hemorrhage in the operation is derived, in the majority of instances, chiefly from the transverse perineal artery and from the veins at the neck of the bladder and the prostate gland, which are liable to become enlarged, especially in elderly subjects where the vesical irritation is long continued. Sometimes the artery of the bulb is divided, a very short stunted trunk, situated between the two layers of the triangular ligament, or deep perineal aponeurosis, an accident always attended with embarrassment on account of the great depth of the artery, its shortness and tendency to contract. Occasionally the superficial artery of the perineum is divided, and may furnish a considerable amount of blood, but it is generally very readily secured. The pudic artery is sometimes wounded, but this happened more frequently when the gorget was employed. Sometimes there is a general oozing of blood, it not being possible to discover any vessel of considerable size. Under such circumstances, if MONSELL'S solution fails, it is necessary to plug the wound. For this purpose a silver tube is used four inches in length, provided with two rings at the perineal extremity and open at the vesical end. This is carried through the wound into the bladder, surrounded by a piece of linen or muslin, the cavity of which is afterwards stuffed with cotton or oakum, so as to make firm pressure against the part.

The boy was placed under the influence of chloroform, and the operation performed in the manner indicated. A large rough stone was extracted. The wound will be kept open, unless occasion should arise for plugging it, until it shall heal by the granulating process. By the end of the fifteenth, eighteenth, or twentieth day, it will be completely closed.

Prof. Gross never introduces a tube into the bladder for carrying off the water, as it acts as a foreign substance, exciting spasm of the bladder. The parts are perfectly tolerant of the flow of urine after the first few hours, when the surface of the wound becomes covered with plastic matter. Such an event as urinary infiltration is not to be expected when the operation is well performed. It only occurs when the parts are cut too extensively.

Cleanliness will of course be observed with after treatment. The patient will be placed in bed over a folded sheet called the draw sheet, which, as often as it becomes soiled, is renewed, being thus changed four or six times in the twenty-four hours. Under it there is a piece of soft oil cloth, three-fourths of a yard in length and breadth, to protect the bed. The patient lies on his back or on either side as he feels inclined. The scrotum and perineum will be well sponged several times in the twenty-four hours. If the scrotum is elongated, and hangs over the wound, it should be held out of the way by a proper contrivance.



The urine will gush through the wound in the course of the next three or four hours. In the first place, it will be retained, because the wound will be clogged with coagulated blood. At the end of three or four hours, sometimes not until the expiration of eight or ten, the pressure of the accumulated fluid will dislodge the clot, and the urine will flow out until the bladder is empty. This will be attended with a good deal of pain. But in the course of twenty or twenty-four hours all this difficulty subsides.

The patient was ordered half a grain of morphia, so soon as he should wake up from the influence of the chloroform.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Treatment of Quinsy Sore Throat.

The London *Lancet* publishes an interesting report of the treatment of tonsillitis adopted by physicians at the several metropolitan hospitals, from which we make a few extracts.

Dr. ANSTIE (Westminster Hospital) believes that in the suppuration variety two remedies only are of real value. If the case be seen early—i. e., within forty-eight hours of the occurrence of decided pain, before the swelling has become definite in form, and more especially if there has been no shivering and the febrile action is but slight, the application of strong local astringents is almost certainly curative. The rough way of using this treatment is to order the patient to gargle every half-hour with a solution of alum, twenty grains to the ounce. A more precise and effective use of the same astringent can be made by throwing such a solution, in the pulverized form, against the affected part. Another effective mode of local adstriction is the application of tincture of sesquichloride of iron on a sponge carried by a whalebone, which may be firmly pressed against the part. The other remedy besides local adstriction is the use, in suitable cases, of purgative medicine. If (and only in this case) there is reason to think the bowels are loaded, a brisk purge of any kind which does not produce exhausting serous exhalation will frequently give great and speedy relief.

If the disease has plainly gone on to the formation of pus, the above remedies are useless, and will only worry the patient. Our attention should then be directed, Dr. ANSTIE believes, to soothe the pain and to keep the swelling within bounds, while we also support the patient's strength. Hot fomentations and poultices should be applied around the throat, the patient should gently inhale the steam of boiling water, and he should be given strong beef-tea and small quantities of wine or brandy every four hours. In nine cases out of ten, the pus may be left to find a natural opening, and only the occurrence of serious mechanical dyspnoea, or the appearance of a tendency to spreading of the suppuration, should induce us to use the lancet.

Dr. WILSON Fox (University College Hospital)

treats ordinary cases of tonsillitis which present themselves within the first forty-eight hours of the invasion of the disease with a brisk mercurial cathartic, followed by a saline aperient draught. In cases which have even run a course of three or four days, the same plan is found by him to be beneficial, if the bowels have not been previously acted upon. Even in the early stages, unless the use of gargles gives much pain, he employs the following formula for this purpose:—Chlorate of potash, three drachms; nitrate of potash, half an ounce; glycerine, half an ounce; water, eight ounces. When seen early, this course is, in his experience, almost invariably sufficient to cut short the disease in a few days' time; and he scarcely recollects an instance where it has been adopted in which abscess has ensued. In cases of very severe swelling, he has occasionally found scarification useful; but he regards these as quite exceptional. If ulceration supervenes, either upon the tonsils or on the fauces, the solution of the nitrate of silver, of the strength of fifteen grains to the ounce, is, in his opinion, the best remedy; and it may be advantageously applied to the tonsils, when suppuration is not present, in cases where the swelling lasts longer than five or six days. Dr. Fox strongly deprecates the use of the solid nitrate of silver in the early stages of the disease.

Dr. CLAPTON (St. Thomas's Hospital) recommends the usual depletory remedies, but objects to stimulating gargles in the early stages. When a patient has been the subject of repeated attacks of acute quinsy ending in suppuration, the plan of applying a liniment of thin extract of belladonna just below and behind the ramus of the jaw has been found a most excellent one, rapidly relieving the pain and intense irritation, and in some instances cutting short the progress of the disease almost at once.

In incipient sore-throat, of whatever kind, Dr. BROADBENT (St. Mary's Hospital) has for some time given small fragments of guaiacum resin—a piece to be kept in the mouth till dissolved, three or four times a day. The good effects have been very evident, more particularly in superficial inflammation of the mucous membrane; but tonsillitis has apparently been arrested, and in patients subject to quinsy, attacks have been averted.

Dr. HEADLAND (Charing-Cross Hospital) relies greatly upon chlorate of potash as a gargle, and mild magnesian purges. None of the physicians think it necessary, except in extreme cases, to use the lancet.—*Medical Record*.

#### GRINDELIA ROBUSTA IN ASTHMA.

Prof. H. GIBBONS, editor of the *Pacific Medical and Surgical Journal*, relates the case of a clergyman, for six years a victim of asthma in its most virulent form. After exhausting the ordinary round of remedies he tried, with the consent of his physician, a syrup of grindelia robusta, in the dose of a wineglassful on going to bed. He slept soundly that night, and for seven months since beginning the use of the remedy passed not a single night out of bed. Hitherto he suffered most severely just prior to the rainy season,



but this year he passed through that period with comparative comfort. The herb is described as abundant in California, mostly in hilly situations. It throws up a straight, unbranched stem, one or two feet in height, with short, rather rigid leaves, and a spherical head of flowers on the top. It belongs to the composite order of plants, the flowers having white rays about half an inch long. It may easily be known by a drop or two of a resinous fluid, which looks precisely like milk, and which is always to be seen attached to the calyx. In the mouth it yields a balsamic taste, and the odor is aromatic or balsamic. The syrup, made from a strong decoction of the herb, is not unpalatable, and sensibly acts only upon the pulmonary organs, promoting expectoration.

#### Temperature of the Body in Convulsive Diseases.

DRS. CHARCOT and BOUCHARD state that there is no sensible increase of the general temperature of the body during the clonic contractions of muscles. The augmentation of temperature due to muscular contraction, as in epilepsy, occurs only during the tonic contractions. They assert that in the most violent form of paralysis agitans, and in chorea, there is no appreciable increase of the animal heat. These opinions are sustained by their physiological essays on cats and rabbits, which animals were thrown into convulsions by injections of sulphate of strychnia, or by the application of electricity. The bulb of a thermometer, placed in the rectum of the animal, enabled the experimenters to note the variations of the instrument, as the tonic convulsions succeeded or preceded the clonic contractions.—*Gazette Médicale de Paris*.

## Reviews and Book Notices.

### NOTES ON BOOKS.

The "Boylston Prizes" this year in Harvard University were assigned to THOMAS DWIGHT, JR., for an "Essay on the Intracranial Circulation;" and to F. R. STURGIS, for a paper on "Human Cestoids." Another contribution to medical literature, which Boston publishers announce, is an essay by Dr. H. R. STORER, with the sensation title "Is it I?" We cannot say that we admire such captivating names for medical works. Of course they are for a double purpose—*ad captandum vulgus* in the first instance, which is not a very elevated aim, and secondly, they serve to conceal the real purport of the work. Dr. STORER's promised book is said to be a companion to "Why Not?" No fault can be found with placing the practice of provoked abortion in its true light, and as the secular and religious press have combined in calling upon medical men to "bear testimony," as the Quakers say, and as our profession has never been slack in so doing, we may

expect many more pamphlets on the same topic. We need not look for all of them to speak wisely and well. One who does not, we must say, is Dr. E. P. LE PROHON, of Portland, Maine. He has just offered "an earnest word" against the crime of the day, under the distinct, unmistakable title "Voluntary Abortion; or, Fashionable Prostitution, with some remarks on the Operation of Craniotomy." The writer has practiced twenty-four years in New England, and while drawing from his experience ample proof that it is no man of straw which he is attacking, carries his opposition to "l'avortement provoqué" to such a fanatical extent, that he denies that it is *ever* a justifiable operation.

The physician, he says, is never excusable for destroying the fetus for the sake of the mother. God, not man, is the judge of which life should be saved, and there is never any certainty that the operation will save life. Now this is mere midsummer madness. Why not say that it is wicked to perform any surgical operation, on the ground that God will save the life if he wishes it saved? The assertion is of a piece with what the author goes on to say about Romanism—that it is the only religion capable of restraining women from this crime. It is a fact which we have verified, that probably owing to auricular confession the crime in question is less frequent in that communion than most others, but that it alone is capable of instilling morality sufficient to prevent it, is in our opinion a gratuitous pretension.

"Serpents in the Dove's Nest," by the Rev. JOHN TODD, D.D., whose "Students' Manual" was doubtless familiar to the boyish minds of many of our readers, is another pamphlet on the same vice, in which the veteran divine shows that time has not withered him nor dulled the edge of his hatred to whatever is evil and self-destructive in the secret habits of life. Still another combatant is Dr. TRACY in his pamphlet "The Mother and her Offspring." Whether any or all of these will be read by one half the number who peruse the half or whole column of the *New York Herald*, daily devoted to advertisements of abortionists by profession, we sadly mistrust. Here is where the evil should be nipped in the bud. Why is it permitted in the State of New York, whose code sentences to a term of years in the penitentiary any one convicted of aiding or abetting in any way the practice of criminal abortion, that the leading dailies should openly and constantly advertise these professional murderers? Rhode Island has made such advertisements penal, yet out of Rhode Island, dozens of papers, some of them profanely calling themselves "religious

periodicals," derive half their gains from such villainous sources. Dr. TODD threatens to expose such, and if he does not, others can be found who will. This is where the reform is to begin. Brand such newspapers by popular indignation, and discountenance all druggists who disgrace their calling by selling the nostrums which pretend to aid feticide, and an improvement will straightway be apparent. Let no physician send any prescription to a shop which placards "Velpéau's" or "Cheeseman's" or any similar pills, and let all such corrupt dealers be banished the societies of pharmacy.

The second volume of Flint's "Physiology of Man" is announced, which will be looked for with interest by many readers. Of foreign publications one on leprosy, an official Report of the Royal College of Physicians, is most noteworthy. It is based on replies to a circular letter of queries sent to all parts of the British empire, and extends in time as far as in space, as it goes back to the Old Testament, and discourses on the type of the disease so minutely described in the Mosaic books. It is in folio, 3sh. 6d. cloth.

Various medical journals are announced, the best supported of which will perhaps be the *Journal of Cutaneous Medicine and Diseases of the Skin*. ERASMUS WILSON is the principal editor, whose name guarantees its excellence. His opening article is on the "Dangers of Dyeing the Hair," in which he holds before the eyes the risks ladies run in submitting to this absurd exaction of fashion. It is full of curious and entertaining matter. The first volume of the *Journal of Anatomy and Physiology* is also announced in London. These various publications are signs of a pleasing activity in the medical mind across the water.

The physiology of the nervous system has an interest altogether its own. Dr. R. K. BROWNE has lately written a short but exhaustive essay on the Ultimate Distribution of the Nerves of Gestation," which contains some unexpected results, chiefly deduced from the observations of the English microscopist, BEALE. In the words of Professor BROWNE, "They identify a large proportion of tissue as nerve-tissue which has hitherto been regarded as connective tissue. They demonstrate that no part of the sensitive structure of mammalian animals forms organs of special sense by a terminal arrangement. They show that the nervous tissue is an undivided continuation from centre to periphery and back. And finally, they force upon us the conclusion, adverse to all our present theories of sensation,

that neither sensation nor motion are physiological phenomena, beginning at a nerve terminus on the one hand, and ending at a nerve terminus on the other."

D. APPLETON & Co. have in press "The Physiology and Pathology of the Mind," by HENRY MAUDSLEY, M. D., London.

*Elements of Human Anatomy, General, Descriptive, and Practical.* By T. G. RICHARDSON, M. D., Professor of Anatomy in the Med. Dep. of the University of Louisiana. Second Edition, revised, and illustrated by nearly three hundred engravings. Phila.: J. B. LIPPINCOTT & Co. 1867. pp. 671, large 8vo. Price, \$6.00.

The first edition of Dr. RICHARDSON'S work appeared in 1853, and has been the familiar handbook of many a student in the dissecting room. Like it, this edition is also intended as a practical guide in studying anatomy on the dead subject. English terms are substituted for their Latin synonyms wherever practicable, an arrangement authorized by the French and German writers; and doubly desirable in this country where so many students have failed to acquaint themselves with the Latin language. The author aims also to supply the general practitioner with a work of reference arranged on a plain and simple plan. The cuts, although not so well executed as those in some other Treatises now in the market, are distinct, and so far as we have examined, accurate. The size of the book seems an objection to its use as a *manual*. Why not, as the English and French publishers always do, bring out such works in medium or small octavo? The typographical execution of the work is all that can be desired, and a copious index of thirty pages is a most useful addition to the text. On the whole, as an anatomical *vade mecum*, designed especially for students, we do not doubt it will give satisfaction to all who may use it.

#### Army Hygiene.

Dr. GEORGE DERBY, in a paper on the "Lessons of the War to the Medical Profession," read before the Massachusetts Medical Society, stated that great saving of life had been effected by the adoption of an excellent hygienic system. While during the Mexican war our armies had lost from ten to twelve per cent. by disease, and while the allies in the Crimea lost twenty-five per cent. from this cause, enough was already known of the statistics of our recent war to warrant the assertion that the federal army lost only six per cent. by disease. "It would be no exaggeration to say," he added, "that the number of lives saved was greater than the whole number lost by disease and battle."

## Medical and Surgical Reporter.

PHILADELPHIA, JUNE 22, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

### ASYLUMS FOR INEBRIATES.

Under the auspices of the Citizen's Association of this city, an asylum for inebriates is about being opened for the reception of patients at Media, Delaware county, a few miles from this city. The institution will be under the charge of Dr. JOSEPH PARRISH, whose qualifications to fill such a position are well known.

There are, as yet, but two or three such institutions opened in our country—one at Boston, and one, on an extended and liberal scale, supported by a good State endowment, at Binghamton, New York. The latter institution, with everything calculated to command success, has had rather an unfortunate beginning, and we are sorry to have to add, that it looks very much as if its misfortunes were chargeable to the mismanagement—to use the mildest possible term—of a member of our profession of whom better things were expected. If it is not so, he has certainly been sadly misrepresented and slandered. That institution is now in charge of Dr. ALBERT DAY, who lately had charge of the Washingtonian Home at Boston, and who is well qualified to manage it.

Unfortunately, there is no lack of materials to fill up such institutions, and the only wonder is that they were not established long ago, and that there are not many of them in the country. The more's the pity that there should be occasion for them at all, but as long as public sentiment will tolerate the drinking usages of society, and while license is given to men to tempt their fellow-beings to become drunkards, and incapacitated to manage their own affairs or to contribute to the general good, the State and the community must be taxed to support them in some way. And if this must be done, it is best that it should be done in public institutions where the inmates are placed under restrictions and treatment that will be very likely to effect a cure of their broken health and morbid appetite, and return them to society producers instead of pensioners.

While, therefore, we earnestly deprecate the loose morality which makes the existence of such institutions desirable and necessary, and would prevent their necessity by unrelenting legislation, we, at the same time, are compelled to

accept the existing condition of things, and while it lasts, encourage the establishment and support of asylums for inebriates. Much good has been accomplished by them, and under proper regulations, such as intelligent members of our profession know how to establish, they are calculated to do much for the elevation and comfort of men and their families, whose unfortunate condition is perhaps quite as much due to a morbid state of society, for which every member of it is in some degree responsible, as to any innate obliquity of moral perception in the unfortunate victims themselves.

## Notes and Comments.

### Ununited Fractures.

The surgeon not unfrequently experiences the greatest annoyance from the refusal of fractured bones to unite after he has called to his aid all the ordinary resources of his art, and obeyed faithfully all its precepts. Even the operative procedures, by drilling, by wiring the ends of the bone together, by friction, or by pegs, fail him only too frequently in this conjuncture. The pamphlet of Dr. H. J. BIGELOW, of Boston, therefore, on "Ununited Fracture Successfully Treated," deserves more than a passing notice. The method there proposed and carried into execution in eleven cases, ten of which were successful, is based upon the osteo-plastic powers of the periosteum. The extremities of the false joint are exposed, an incision is made in the ragged callus at their tips, and the periosteum seized by a strong-toothed forceps, and torn from the inflamed bone, and from about half an inch of the sound shaft. About half an inch of the latter, with its diseased extremity, is then removed by the saw. The extremities are then joined by plated copper, or silver wire passed through drill holes, and the wire twisted and left to protrude at the external wound. It may be withdrawn at any time, from two to six months afterward. The periosteum is thus made to form a cap or a hood for the osseous structure, and the limb being securely fastened in an appropriate apparatus, in from two to three months union takes place.

### Adulteration of Tin Foil.

It is said that nearly all tin foil now used is adulterated by lead. Dr. J. H. BALDOCK found by chemical analysis that common tin foil contained 86.93 per cent. of lead; embossed foil, 76.57 per cent.; tea foil, 88.66 per cent., and the

so-called pure tin foil, 32.62 per cent. of lead. The adulterated article is made by placing an ingot of lead between two ingots of tin, and rolling them into sheets which have a coating of tin on both sides.

In view of the extended use of tin foil in dentistry, and as an envelope for tobacco and other articles in daily use, this is a somewhat startling announcement, and may account for some obscure cases of ill health.

#### Cholera in South America.

It appears that cholera is committing terrible ravages in the ranks of the allied armies operating against Paraguay. In one day 600 soldiers died of the disease. By proper precautions the mortality was reduced to about 200 a day. The disease also prevails in all the towns on the La Plata, and at Buenos Ayres the mortality is from 100 to 250 per day. The *Buenos Ayres Standard* of April 25th, says:

"Our latest advices from Paraguay are most alarming. In one week over 2,800 Brazilians died in Curuzu, and we are assured by deserters that the plague is quite as bad in the enemy's camp. Report says that some cases occurred at Itapiru. God grant it may not spread to the grand allied camp at Tuyuti; the consequences would be awful."

## Correspondence.

### DOMESTIC.

#### Scabies.

EDITORS MED. AND SURG. REPORTER:

In perusing the many articles and letters, treating this subject under various captions, which have for many months been appearing in the *REPORTER*, I have been by turns interested, amused, surprised. Many modes of treatment have been proposed, some of which have doubtless proved successful. In the current volume, pp. 3, 4, Dr. S. J. RADCLIFFE, of Washington, D. C., gives the best description of this loathsome disease. He says truly, "It may attack the high, or the low, the rich or the poor, the young, the middle-aged or the old. In every condition and class of society it may enter. The whole family may suffer at once."

I have seen this disease in all its stages and complications, among all classes, conditions, ages, and occupations. I have seen the tender infant covered with it from crown to sole. I have seen it attack those who habitually practised careful daily bathing of the entire body, and were particularly nice, cleanly, and healthy. It attacks in

preference the cleanly and robust, and in these spreads much more rapidly than in others, the vulgar opinion to the contrary notwithstanding. It is apt to produce phlegmonous tumors about the head and other parts of very young children.

Dr. R. says, "I regard it as a contagious, vesicular, skin disease, the vesicles without insectiform contents," etc. "In regard to the causes, these are uncertain." The disease is vesicular in one case, pustular in another; in another, vesicles and pustules appear simultaneously; and yet in another, successively, according to individual peculiarity or condition of constitution and health. The cause of the disease is certain enough—*acarus*—as verified by ocular demonstration in hundreds of cases. Yet, it is true that "the vesicles are without insectiform contents." The insect is never in the vesicle, and hence the difficulty of finding him, and the errors in regard to the cause of the disease. In fact, one insect very commonly produces several vesicles, and we cannot always trace his path from them. But carefully inspecting the skin near a group of recent vesicles, we can detect a very delicate, whitish streak from a fourth to a half inch long running from a vesicle. At the extremity of this gallery or burrow, under the cuticle, he is always found as a darkish speck. Hence he may be withdrawn very easily on the point of a delicate instrument. I have had persons by simply following my directions, without ever having previously seen an *acarus*, detect and bring him forth from his burrow at the first trial. He is, as one might suppose, quite gentle, and easily managed. Confine him on a clean, healthy skin, and he will soon penetrate the cuticle. Vesicles will be developed in due time, but only after he has irritated and left a point.

I have used quite a number of remedies for itch—nearly all with success; because formed with reference to the true cause of the disease. I have used a formula of my own similar to that of HEBRA, of Vienna. I have used that of BOUGIGNONE, of Belgium, erroneously ascribed by some to NICHOLS of the British army, in which he used it indeed with most satisfactory results. And although, as stated by several authorities, it will cure many cases in half an hour, I usually direct the prescription of HELMERICH as perfected by M. HARDY of Paris. Rub the patient half an hour with soft soap; then put him in a warm bath and rub him well for an hour, to break up the burrows and remove the deadened cuticle; lastly, rub in well for half an hour an ointment made by mixing together two parts sulphur, one part carbonate potash, and eight parts lard. A



single application will thus in two hours cure perfectly ninety-nine per cent. of all cases, however bad. If any point should escape, a second application to that part alone will effect a final cure.

Sulphur produces itself an eruption on the skin of many persons; and I have seen practitioners after having cured scabies, continue applying sulphur; thus for weeks and even months keeping up a cutaneous irritation little less distressing than the original disease, which they supposed they were still treating.

When carbonate of potash could not be obtained, I have supplied its place in the above formula with the bicarbonate, or other substance, to act mechanically in breaking up or opening any burrows that may have escaped the previous rubbings.

D. L. PHARES, M. D.

Newtonia, Miss., May 22, 1867.

#### Syphilitic Necrosis; Operation.

EDITORS MEDICAL AND SURGICAL REPORTER:

Jas. —, aged 7 years. of Irish parentage; father dead; mother of fair health, though intemperate. Boy slender and tall for his age—was troubled for six months past, with large blotches on the head and back; treated with hydrarg. chlor. corrosiv. and iodid. potass., alternately; some three months past he complained of pain in face and jaw; face swollen, and a small ulcer under one nostril, evidently proceeding from necrosis of jaw; no treatment seemed to check it, and after two months the whole upper jaw, far back as the last molar, became necrosed; the discharges very offensive. An operation was determined on; the caries had involved nearly all the molar and nasal processes, and a portion of the ethmoid and molar bones. The second molar being extracted, the corner of the mouth was slightly incised for one inch, and the bone sawed directly upward until the natural line of separation by necrosis was reached; the back and upper portions of diseased bone appearing to be well loosened. The bones were then divided in the median line by forceps, and one portion removed without much difficulty—the same course was then taken with the left side. The hemorrhage was slight, and easily checked by persulphate of iron rubbed over the surfaces. One of the nasal processes came out entire, and two-thirds of the palate, molar, and turbinated bones; there has been very little exfoliation since (60 days); the boy is doing well, has increased in flesh since, eats well; articulation of course very difficult; no anæsthetic was used—milk punch given freely in advance—he was thought too feeble for chloro-

form; he bore the operation with but little complaint; mother is now under treatment for syphilis.

H. L. W. BURRITT, M. D.

Bridgeport, Conn., March, 1867.

#### Internal Use of Chloroform in Colica Pictorum.

EDITORS MEDICAL AND SURGICAL REPORTER:

In the REPORTER of Dec. 22d, 1866, I read with interest another article on the internal use of chloroform. Allow me a few lines for the following case:

On Nov. 20th, I was called to see Isador Baumgardner, a German, about thirty years old, working in a paint factory, (viz., grinding the paint,) naturally a strong healthy man, but now suffering evidently under colica pictorum. I prescribed calomel and jalap, and the sulphate of morphia, but on my next visit, finding things worse, instead of better, the medicine not having operated, and the man suffering so frightfully that all appearances seemed to justify the patient's exclamations that he had to die!

Under these circumstances, I ordered chloroform in teaspoonful doses every half-hour, in milk, until the patient would sleep. I at the same time ordered the following enema:

R. Ol. ricini, aa f. ʒiv.  
Syr. simpl., aa f. ʒiv.  
Ol. terebinth., f. ʒj.  
Aq. saponis, ad Oj. M.

to be gently thrown up as far as possible. This resulted in a most copious discharge from his bowels, and on my visit at 11, P. M., to see the result of my heroic treatment, I found my patient, to my astonishment, as well as great delight, soundly asleep, having taken six teaspoonfuls of chloroform in three hours' time. He slept about two hours, and awoke without any pain or any bad symptom. Next morning, feeling slight colic pains again, I ordered the chloroform to be repeated, but in smaller doses. Three seidlitz powders failing to move his bowels, I ordered another enema, also a less quantity, which had the desired effect, causing three astonishing discharges. The other treatment consisted in the iodide of potassium, tincture chloride of iron, tincture of gentian, etc. The latter as tonics.

I discharged this patient in one week, and he is now perfectly healthy, working again in the same establishment, not grinding paint, however.

This was the third man that was taken with this distressing disease at the same post in the same establishment within a very short time. Can any one suggest a plan how to avoid this disease in those who are engaged in grinding paint?

Dr. WARING, in his new Practical Therapeu-

tics, has the following on colica pictonum, in reference to the administration of chloroform: "M. ARAN gave chloroform internally in eight cases. In five, the pain disappeared permanently; in three, the relief was only temporary. He employed a mixture of forty parts of chloroform, and one hundred and thirty of water and syrup. Of this, the dose is a teaspoonful repeated according to the urgency of the case. He also administered it in the form of enema, and compresses moistened with dilute chloroform were applied to the abdomen."

I think that the failure of M. ARAN is attributable to the too small dose. You will at once see that he gave only about the *one-third* of a teaspoonful, and how often is not stated in exact language.

I think the only danger in giving the chloroform in the doses I gave it, is in misapplying it. *Diagnosis* is the great point here, as well as in any disease. Be sure your diagnosis is correct, then you need fear no bad results, if you watch your patient yourself, instead of trusting to nurses altogether. E. H. M. SELL, M. D.

151 East 30th St., New York.

## News and Miscellany.

### Alcohol: its Effects upon the Public Health.

Dr. Wm. F. THOMAS read a paper before the N. Y. Medical Society upon "The Effects of the Habitual use of Alcoholic Liquors on the Public Health." After an historical introduction, he said that the ratio of deaths from alcoholic poisoning in the city of New York is one to every 4,070 of the population per annum. This, at the usual rate of 28 sick to one death, would give to the whole city one sick from the effects of alcohol to every 145 of the population. In the lower wards of the city there is at least one drunkard to every 50 of the population, and the sickness from this cause is very great. In the various dispensaries and missions with which he is connected, at least one half of all the cases of sickness that come for treatment are caused directly or indirectly by the effects of alcoholic liquors. The ratio of sickness from this cause in the country, is 1 in 750. In London the ratio of deaths from this cause is 1 in 12,800, and the sickness rate 1 in 466. The mortality is less in London than in New York, because the liquor chiefly used in the former city is gin, which, acting on the kidneys, produces a less injurious effect than the other alcoholic preparations. The number of deaths in London has risen and fallen according to the facilities granted for manufacturing, vending, and purchasing alcoholic liquors. Whenever the government, to satisfy distillers and venders, opened the flood-gates and suffered them to pour out the poison upon the community, then the bills of mortality invariably rose. When the evil became too

great to be borne and the government laid on heavy duties, checked importation and hedged in the traffic, then the mortality was lessened. In the whole of England the death-rate from this cause is 1 in 26,000, and the sickness rate 1 in 860, varying according to the facilities for obtaining alcoholic liquors. Their introduction into general use imparted increased virulence to the character of many diseases; and even new diseases began to make their appearance from this source. The consequences of liquor-drinking were so serious in England in 1725 as to cause the College of Physicians to make public representation of them; and in 1750, when the habit was so general, the same body stated they had 14,000 gin cases under their care, most of which baffled all their skill in medicine.

Among the European regiments in India, according to late information, there was, daily, 1 in every 9.8 intemperate men admitted to the hospital, while of the temperate class of soldiers there was only one in 27.1. The death-rate for the year 1865 among the same troops, was 1 in 16.4 temperate. 1 in 7.2 intemperate.

Life insurance companies will not issue policies to those whose habits are known to be intemperate; and if it be discovered after death that a policy has been obtained by the concealment of such habits it is forfeited.

From NEISON'S "Vital Statistics" it appears that the intemperate have a greatly increased mortality from diseases of the head and of the digestive organs (especially the liver), while they suffer less than others from respiratory diseases. The following table shows the ratio of deaths from these causes to those from all causes in the temperate and the intemperate respectively:

	Temperate.	Intemperate.
From diseases of the Head.....	1 death in 104 deaths.	1 death in 36 deaths.
Digestive organs (esp. liver).....	1 " " 160 "	1 " " 42 "
Respiratory organs.....	1 " " 30 "	1 " " 43 "
From all the classes combined.....	1 " " 20 "	1 " " 13 "

The mortality of the intemperate at from 21 to 30 years of age is five times that of the temperate; at from 30 to 40, four times.

The following table shows the comparative chances of longevity with temperate and intemperate persons:

A temperate person's chance of living is:	An intemperate person's chance of living is:
At 20, 44 years longer.	At 20, 15 years longer.
At 30, 36 years longer.	At 30, 13 years longer.
At 40, 28 years longer.	At 40, 11 years longer.
At 50, 21 years longer.	At 50, 10 years longer.
At 60, 14 years longer.	At 60, 9 years longer.

The average duration of life after the commencement of the habits of intemperance is, among mechanics and laboring men, 18 years; among shop-keepers and merchants, 17 years; among professional men and gentlemen, 15 years; among females, 14 years.

With reference to the effects of alcohol in cholera, the paper recited that all experience, both in this country and in Europe, has proved that those who have been addicted to drinking alco-

holic liquors, have been, the greatest sufferers from that epidemic. In confirmation of this statement, a diagram was displayed, showing the relation of the number of deaths from cholera and from all causes to the number of liquor-stores, in the several wards of this city, during the last season. From the numerous authorities quoted in support of the position, we give brief extracts. Dr. SEWALL, of Washington, while on a visit to the cholera hospitals in this city, in 1832, writes thus: "Of 204 cases of cholera in the Park Hospital, there were only six temperate persons, and they recovered speedily while 122 of the others, persons of intemperate habits (when he wrote), had died. Similar experiences," adds the Doctor, "meet us in every other hospital." "At Albany," states Dr. MUSSEY, "during the same season, cholera prevailed for several weeks, attended with a severe mortality; and it is a remarkable fact that, during its whole period, it is not known that more than two individuals out of the 5,000 members of the temperance societies in that city became its victims." Mr. HUBER, who saw 2,160 perish in 25 days, in one town in Russia, says: "It is a most remarkable circumstance, that persons given to drinking have been swept away like flies. In Tiflis, containing 20,000 inhabitants, every drunkard has fallen; all are dead; not one remains."

The Doctor then dwelt at considerable length upon the injurious effects of intoxicating liquors upon persons suffering from fever, quoting from the works of eminent physicians to support his arguments. Not only is this the case in cholera and fever, but in almost every disease that afflicts mankind. In conclusion of this part of the subject, he gave as the results of his observations in regard to the effects of alcoholic liquors on the human system: First, they destroy the healthy relations of the system; second, they diminish and finally destroy the vital powers; third, they act injuriously on the human system in preventing the organs of restoration from performing their functions in a healthy manner; fourth they prevent the effectual separation of old and useless matter, and also prevent the new matter from possessing that healthy nature essential to proper restoration; fifth, they have a deteriorating influence in respect of the physical energies of the present generation at large.

Some curious computations were then given, by which,—counting a man's time worth one dollar per day, and 313 working days in the year,—it was calculated that the State of New York loses annually, from the habitual use of alcohol, the sum of \$16,257,920.—*Medical Record*.

#### The Type of an Officer.

Lieut. H. C. KEMBLE, of the 2d. Bengal Cavalry, says the *Pall Mall Gazette*, has just set a noble example to his brother officers. When everybody else was dancing and supping and attending durbars at Agra, he threw all his invitations into the waste paper basket, and stepped with his detachment (ten miles away from all the grand doings) till he had stamped out an attack of cholera which threatened to be very serious. Mr. KEMBLE, on hearing that cholera had broken out amongst his men, sent off an

official request for a doctor, and was himself in camp two hours after the message reached him—eight hours after the first seizure. He at once chose a site for a cholera hospital, burned the ground on which the sufferers had been lying, and removed the whole camp. This he did every third or fourth day, marching always at right angles to his former course, and moving some two miles from his old position. The treatment began on the 5th of November; by the 15th the doctor declared all convalescent; and on the 20th the official report of "all well" was sent in. Mr. KEMBLE chose high and airy ground; he burned heaps of leaves, all the spare grass from the lines wherever his hospital had stood; he was with the sick three or four times a day; above all he raised the men's spirits—they were dreadfully depressed at first—by playing foot-ball with them, letting all who liked shoot over the country, giving prizes for firing from horseback at empty bottles, etc. Lieut.-Colonel JACKSON, his commander, says:—"I have seen Lieut. KEMBLE behave well in a charge, but I think his conduct in this case even more commendable." And so do we.—*Lancet*.

If justice is done that man, he will be rapidly promoted for "brave and meritorious services."

#### On the Mode of Manufacturing Sugar-Coated Pills and Granules.

Mr. HENRY. C. ARCHIBALD in an inaugural essay, presented to the Philadelphia College of Pharmacy, published in the *Journal of Pharmacy*, gives the following as the process for sugar-coating pills. In view of the extensive use of medicines in this form it will be of interest to our readers.

The manufacture of sugar-coated pills and granules having of late become a source of great profit and trade to the apothecary, the mode of manufacturing them being kept secret, and the views advanced by some of our leading pharmacists being wholly inadmissible in preparing them, I have, from long practical experience, in their manufacture, determined to make it a subject for an essay. In order to make pills that shall medicinally come up to the standard of the U. S. Pharmacopœia in therapeutic effects, the greatest care requisite in their manufacture is in the selection of the drugs that enter into their composition; for that purpose it is advisable, when you manufacture them largely, to buy the crude drugs, and from them prepare extracts, powders, etc., so as to insure the reliability of the pills, and to keep up for them the reputation they so richly deserve if properly prepared.

The first step in the process of manufacturing pills is essentially as follows: Sufficient mass is made up at one time to be capable of being divided into 2,000 pills, great care being observed to have it of sufficient hardness and tenacity to insure the pills after formation against indentation by pressure and crumbling into irregular pieces; after which the mass is rolled between two boards, the upper with teeth inserted for cutting the mass the bottom one having a gauge attached to the sides so as to regulate the sides to



suit the mass to be subdivided previous to rolling them out into pills; and, further, to insure accuracy, each subdivided piece of mass is carefully weighed on well-balanced scales, thereby preventing the possibility of any pill being larger than another. The pills are then cut by machinery suited to the size of the pill, and as they are formed roll into large shallow trays filled with some inert powder, which acts not only as an absorbent of the moisture in the pill, but prevents them, while drying, from becoming irregular and losing their shape. I would state that the trays vary in size, and are capable of holding from 7,000 to 20,000 pills when spread evenly over the surface. When filled the trays are removed and kept in a heated room, the temperature of which is regulated as nearly as possible to from 80° to 90° F.; when of sufficient hardness they are separated from the powder by sifting, and a coating of a solution of warm gelatine is placed over them, and when thoroughly diffused over the pills, some inert powder is thrown over them to prevent their adhering together. After the gelatine has thoroughly fixed itself upon the pills they are thrown into a large circular copper pan, suspended over a fire by means of chains attached to the ceiling, and a thick syrup, made in the proportion of 2 lb. av. of sugar to  $\frac{3}{4}$  xii, of water, is added successively with constant attention until dry, and so on until the pills assume a neat and regular appearance. The time it takes to coat pills properly varies much according to their nature; those composed of resins which become soft by heat it takes a longer time, from the fact that you have to lower the temperature of the fire, and consequently a longer time is required to drive off the water in the syrup; but, from experience, I can safely say, that the average time consumed to coat properly a batch of 7,000 pills is from 9 to 10 hours. As thus prepared, the sugar crystallizes regularly upon the pill, and presents to the eye not only a uniform but a smooth appearance, they are entirely soluble and will keep for an indefinite period without becoming hard, and consequently more or less insoluble in the gastric juices of the stomach. I present herewith some compound cathartic pills, together with granules of morphia, made and coated by the above process, which have been on hand about four months.

Granules are made upon the same principle by incorporating the alkaloids or salts with some inert powder and gum arabic for its adhesiveness, and are dried and coated in the same way. I could still further enlarge upon the above process, but my sole aim is to present in as brief a manner as possible only the chief points in their mode of manufacture.

— A young lady of St. Louis has been suffering for several years past from symptoms of mercurial poisoning. For a long time no cause could be ascertained, but a dentist finding that she had her teeth filled with mercurial amalgam, came to the conclusion that the chlorine contained in her saliva might have generated corrosive sublimate. He therefore removed the amalgam and put in gold. She has since recovered her health.

#### International Conferences of the Societies for Succoring the Wounded Combatants of the Army and Navy.

After the termination of the International Medical Congress at Paris on the 26th of August, there will be held, from the 26th to the 31st inclusive, international conferences of all the Societies for succoring the wounded combatants of the Army and Navy.

To these conferences are invited the delegates of the societies for succoring wounded soldiers of all countries; all civil and military medical men; the Knights of the orders of Malta, Saint John of Jerusalem, and Teutonia; the members of all monastic orders devoted to the practice of charity; in fact, every one who feels a scientific and philanthropic interest in the propagation of the labor. Those ladies who have shared in the labors of this work are also invited, as well as those who are desirous to assist in it.

In order to take part in these Conferences, it will be enough for any one to declare their name, position in life, and address, to the office of the Committee at Paris, 18, Roquepine, or at the International Exhibition of the Societies for succor in the Champ-de-Mars. The fee for registration is fixed at ten francs. The labors of the conferences will be guided by a president and four vice-presidents, nominated by the majority of votes of the general commission of delegates, with an office consisting of two general and four ordinary secretaries.

The letters or memoirs sent by those who cannot attend the Conferences will be examined by the office, and reported on according to time and circumstances. Any speaker or author of a memoir wishing to bring before the assembly any subject differing from those on the orders of the day and in the programme, must first submit his wish to the president. The reports of the proceedings will be printed, and every member will receive a copy free of expense.

In order to facilitate the work of the office, the members of the International Conference are requested to leave their addresses at the Society for Succor, 18 Rue Roquepine, or at the General Exhibition of the Societies for Succor at Champ-de-Mars.

#### Questions to be Discussed in the Public International Conferences of the Societies for Succoring Wounded Combatants of the Army and Navy.

1. In which of the articles of the Convention of Geneva would any amendment be desirable?
2. What others would it be desirable to add to them?
3. How would it be possible to ensure their inviolability, and to obtain the adhesion of countries which have not yet given it?
4. What are the most expeditious means of carrying away the wounded from the field of battle, and giving the readiest access to them to the members of the Society?
5. Ought the Succor Societies to establish hospitals in proximity to the presumed theatre of war?
6. What instructions should be given to the



delegated members of the Society working at the theatre of war?

7. How can the delegates of the Society follow the large general head-quarters with a small staff and train of appliances?

8. How can the indispensable correspondence with the enemy's Succor Society be established?

9. How can the *materiel* and the officers of the Succor Societies be made neutral after the declaration of war, so as to facilitate the communication of the respective agents?

10. By what means can the population of the seat of war be incited to take part in the work?

11. What is the best way to make a shelter for an ambulance?

12. What appliances would the Conference recommend by preference for adoption by the different committees of the Succor Societies?

13. How far should the Society trouble itself about the disinfection of the battle-fields; and is this task within the scope of the Succor Societies?

14. What would be the best method of giving information at head-quarters, or to the relatives of the killed and wounded, of the death or maiming of the combatants?

15. How, during time of peace, the Committees of Succor should prepare themselves to work in time of war?

16. Is it desirable that an international journal of the Succor Societies should be established?

17. Would it not be advisable that the meetings of these Societies should be held biennially in a different capital.

COUNT F. DE ROHAN-CHABOT, Secretary General.  
Paris, May 4th, 1867.

#### Criminal Abortion.

A correspondent of the *N. Y. Medical Record* cites the following case as illustrative of the deep root which the crime of abortion has taken, even among those who should know and do better:

"A few weeks ago a well known clergyman in the district in which I reside called at my office for a confidential professional interview, and in the course of our conversation he came at the subject, which was that of a proposal for aid in producing an abortion upon his wife. After I had sufficiently recovered my surprise at this demand, I expostulated with him, and tried to use the usual arguments against the commission of the act, but, strange to say, while admitting the truth of my assertions, as he termed it, 'on high moral grounds,' he declared it to be his intention to have it done by some willing party upon whom he intended to call. It was a matter of expediency to him, he being, as he said, so peculiarly situated that a birth at the time it would be due, would be the most inconvenient thing in the world. He was not loth to have a family, and he pretended to believe that the Almighty could protect his wife through the parturient act, and made quite a number of pretty little arguments in favor of his project. But what was his excuse? Simply this—he was to sail shortly as a missionary, and he did not wish to have his wife confined on shipboard!"

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#### Responsibility of the Chinese Physician.

The physician is greatly responsible for his patients. If he fails to cure, the patient or his friend may prosecute him at once. If through any inattention or mistake he has caused the death of a person, he must pay the penalty—which penalty generally means the support of the family. If through a fatal medical blunder this happens—he is for ever afterwards prohibited from practising his profession—a regulation that might, perhaps, prove advantageous in other countries. Visits are never charged; they simply charge for the medicine used, and it is always on trust until the patient gets better—conditions not very favorable for large incomes and great wealth.—DR. WILEY, *Cinn. Lancet and Observer*.

#### A Fatal Epidemic in the Island of Mauritius.

The *Overland Commercial Gazette*, a paper printed at Mauritius, gives a full account of a disease raging on that Island, and especially at Port Louis.

This disease is a non-contagious fever, yet it is epidemic, and has assumed a most virulent form. Upwards of six thousand persons died in March, and the first half of April the mortality of the island reached upward of five thousand more. Port Louis alone, during this latter period, lost two thousand eight hundred and seventy-nine, out of a population of eighty thousand. The disease seems to be confined mainly to the north-west part of the island, and the number of deaths up to the 18th of April, is estimated at 13,564 in the aggregate.

The cause of the disease is thought to be the filthy and crowded state of affected districts—at least, it is much aggravated by this, since those plantations where any care has been taken have been nearly free from the epidemic. Medicine is also exceedingly scarce, and on the 15th of April quinine was publicly sold at £12 an ounce. The authorities seemed just getting aroused to a sense of their duties, and some vigorous sanitary measures were about to be inaugurated, according to the latest advices. Meanwhile, a favorable change in the weather was relied on to check the ravages of the destroyer.

#### The Princess of Wales.

On the occasion of the christening of the infant Princess in the apartments of the Princess of Wales, many who had not seen her since the commencement of her illness had the opportunity of paying their personal respects. They were surprised to find the illustrious patient looking not only well and happy, and having none of the air of fatigue and debility which so often follows a protracted confinement to bed and a severe illness, but looking really better and stouter than she has appeared to be for many months. We are happy to be able to add to this popular evidence the fact that the joint affected has now so far passed through the changes consequent upon the disorder which attacked it, that it may be stated with confidence that it will escape any distortion—that most serious and customary se-

quence of acute and protracted rheumatic inflammation, especially when occurring in the puerperal period. Happily, thus the Princess has passed through her severe ordeal not only with a constitution unscathed, but without permanent local injury. We congratulate herself and her medical attendants.—*Brit. Med. Journal.*

#### Influence of Condensation of Population on Life.

The Boston correspondent of the *New York Evening Post*, says that Dr. EDWARD JARVIS, of Dorchester, recently read a paper on the effect of Condensation of Population on Life, from which it appears that it is extremely rare to find a citizen of Paris with many generations of Parisians among his progenitors. London needs ten thousand recruits from the country every year to keep its numbers good. There is a much larger proportion of deaths by zymotic and nervous diseases in the city than in the country, while the proportion of deaths by old age is thirty-seven per cent. larger than in the city. The mortality of children is much larger in cities than in the country—the excess of deaths of children under five years in English towns and cities from 1851 to 1860, being one hundred and fifty-two per cent. over the population prevailing in the country. Much of this excessive mortality is attributable to destitution and privation; the dangerous occupations and protracted labors of many of the inhabitants of cities; the compactness, narrowness and crookedness of the streets, leaving little chance for the circulation of air; and the extreme mental exertion and undue expenditure of the vital powers by the better classes. In so far as the causes could be removed the rate of mortality will be lessened. Sanitary improvements in nineteen towns and cities of Great Britain had reduced the rate of mortality from twenty-eight in one thousand to twenty-one in one thousand. In Liverpool the decrease was thirty per cent.

#### New Classification of Animals.

While speaking of science and England, I must not forget to notice a bold and singular theoretical enterprise of the celebrated Professor HUXLEY. This is no less than the upsetting of the time-honored classification of the vertebrated animals established by Linnæus. Instead of the usual divisions into quarters—fishes, reptiles, birds and mammifera—HUXLEY substitutes three classes, denominated respectively: the ichthyopsida, sauropsida, mammifera.

In the first he places fishes and amphibia like the frog, the salamander, etc., connecting them by the following characters in common: they both breathe by the aid of branchia, at least during a part of their existence; during embryonic life they do not possess an amnios, and the allantoid is absent or rudimentary; their blood globules are nucleated; finally the lower maxillary bone does not articulate directly with the cranium. The second division, the sauropsida, includes reptiles and birds, an association justified by the following considerations: These animals never possess branchia, and breathe by the aid of lungs; the amnios and allantoid are both well developed; each branch of the maxillary bone is composed of

several pieces, and articulates with the cranium by means of an intermediate bone (*os quadratum*), they have only one occipital condyle; the blood globules are nucleated; the epiderm is armed either with scales or feathers.

The mammifera contain the same individuals as in the standard classification, but their rank is determined from somewhat different characters. That they never have branchia, are always provided with an amnios and allantoid; that the greater part of the blood globules are nonnucleated; that each branch of the lower maxillary bone is simple and articulated directly with the cranium; that there are two occipital condyles; that the skin is furnished with hairs, and the females possess mammary glands.—*Correspondence New York Evening Post.*

#### A Sentiment by Dr. Holmes.

At the late meeting of the Massachusetts Medical Society, Dr. O. W. HOLMES made some remarks in reference to a charge that in his writings he drew all his villains from the clerical and legal professions, he said:

"I am afraid I shall have to square accounts by writing one more story, with a wicked physician figuring in it. I have long been looking in vain for such a one to serve as a model. I thought I had found a very excellent villain at one time, but it turned out that he was no physician at all, only a ——— I mean not what we consider a practitioner of medicine.

"I will venture to propose a sentiment which, as I am not a working physician, need not include the proposer in its eulogy:

"The Medical Profession—so full of good people that its own story tellers have to go outside of it to find their villains."

#### Microscopes in the French Exposition.

A correspondent of the *New York Evening Post*, writing from Paris, says:

"London, Paris and Liverpool rival each other in the beauty and wonderful power of their microscopes. M. VACHER, one of the most celebrated makers in Paris, exhibits a great variety. In the principal model the body of the instrument inclines on its axis; the adjustment of the focus is effected at first by a coarse rapid screw, then corrected by the micrometric screw; the platform, covered with blackened glass, possesses a convenient movement of rotation; the mirror, plain on one face, concave on the other, is articulated; there is a slide to receive the diaphragms, &c. The binocular microscope, constructed on new principles, gives stereoscopic images; by looking with both eyes at once, one obtains magnificent objects in relief. There is also a three-bodied microscope, destined for zoological studies, and adapted for the observations of fugitive objects by several persons at one time. M. VACHER also exhibits a series of eight lentilles for objectives, whose magnifying power varies from twenty-five to one thousand five hundred diameters. The most powerful lentic is almost imperceptible.

"From England three principal makers rival each other in combinations and richness of con-

struction. Ross, who sends four models of extraordinary proportions, dazzling with perfection; BECK, who makes a specialty of the binocular-stereoscopic microscope; DALLEMEYER, renowned for the quality of his photographic objectives."

#### Dr. Hjaltekin of Iceland.

Among the foreign visitors at present residing in London is Dr. HJALTEKIN, of Iceland, who is already favorably known to the British medical public by several scientific communications, translations, of which have appeared in some of our medical journals. Dr. HJALTEKIN is a native of Iceland, but he received his medical education in Denmark, to which the island belongs, and in Germany. One of the objects of Dr. HJALTEKIN's visit to this country is to exhibit to the profession some specimens of cod-liver oil, prepared under his superintendence from the livers of the Icelandic cod, the fish being said to attain a very high degree of development in that hyperborean region.—*Brit. Med. Journal*.

—**METEOROGRAPH.** Among the objects of great interest to scientists in the Paris Exposition are the diagrams, made by the admirable instrument for registering automatically the changes in the temperature, pressure, moisture and motion of the atmosphere, invented by Father Secchi of the College of Rome.

#### ARMY AND NAVY.

##### ARMY.

**Assigned.** Newly appointed Medical officers of the army have been assigned to duty as follows: Assistant Surgeons George S. Rose and J. H. Bartholf to First Military District; A. C. Gerard to Second Military District; Benjamin P. Wilson to Fourth Military District; E. A. Koerber and H. McL. Cronkhite to Fifth Military District; Calvin DeWitt, B. F. Pope, F. Le B. Monroe, R. M. O'Reilly, and Thomas F. Azpell to Department of the East; George H. Gunn to the Recruiting Depot at Carlisle Barracks, Penn.; J. O. Louderdale to accompany a detachment of recruits from New York to San Francisco, Cal., and upon arrival to remain on duty in the Department of California; Richard Powell to accompany a detachment of recruits from New York to San Francisco, Cal., and upon arrival, to proceed to the Department of Columbia for duty in that department; A. D. Wilson to recruiting rendezvous, New York City; T. E. Wilcox to recruiting depot, Newport Barracks, Ky.

**Ration of Hard Bread.** On the recommendation of the Commissary General of Subsistence, so much of General Orders No. 226, dated War Department, July 8, 1864, as establishes the ration of hard bread at twelve ounces, is rescinded, and the ration of hard bread will hereafter be one pound avoirdupois.

**Asst. Surgeons Albert Hartscuff, and W. H. Forwood,** have been ordered before a board for examination for promotion.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

#### MARRIED.

**ANTHONY-HELM.**—May 22d. by Rev. Francis Smith, Walter E. Anthony, M. D., and Miss Nellie Helme, all of Providence, R. I.

**BRUSH-LATHROP.**—May 29th, in Springville, Susquehanna county, Pa., by Rev. John E. Barnes, M. D., Platt Edward Brush, M. D., and Mrs. Ju'ania Lathrop.

**CAFFEY-BURHAM.**—At Carthage, Jasper co., Mo., May 21st, by Rev. J. C. Willoughby, Amos H. Caffey, M. D., and Miss Lacie A. Burham, of Washington, Iowa.

**CRAIN-ANDERSON.**—At Althea Place, Silver Spring Township, Cumberland county, Pa., on the 8th inst., by Rev. W. G. Hillman, Richard M. Crain, M. D., of Hagerstown, Pa., and Miss Mary E., eldest daughter of James Anderson, Esq.

**HAIGH-WELLS.**—In New York, on Tuesday, May 28, by the Rev. Stephen H. Tyng, Jr., Thomas Haigh, M. D., and Emma F. Wells, all of that city.

**HOPKINS-RICHARDS.**—In Chambersburg, Pa., on the 5th inst., by the Rev. J. A. Crawford, Henry Harrison Hopkins, of Maryland, and Annie C., eldest daughter of Dr. J. C. Richards, of Chambersburg.

**MCCARTNEY-McAYEAL.**—On the 22d of May, by Rev. S. Taggart, assisted by Rev. W. G. Reed, Dr. J. C. McCartney and Miss Mary H. McAYeal, both of Tarentum, Allegheny co., Pa.

**MORGAN-DAVIS.**—On the 12th inst., at the residence of the bride's parents, No. 1623 Vine street, by Friends' ceremony, in the presence of Mayor McMichael, Dr. William W. Morgan, and Hannah S., daughter of David M. Davis, all of that city.

**ROTH-ANGERER.**—In this city, on the 4th inst., at the residence of the bride's parents, No. 21 North Fifth st., by the Rev. W. T. Mann, D. D., Dr. Theodore Roth and Miss Emma E. Angerer.

**WEST-FRAZER.**—At the Burnet House, Cincinnati, June 30, by the Rev. Wm. Allen Fiske, Rector of St. Paul's Church, C. W. West, Esq., and Miss Nannie eldest daughter of the late Dr. H. W. Fraser, all of Cincinnati, Kentucky.

**WHITNALL-MINARD.**—At the residence of the bride's father, A. Minard, Esq., Morristown, N. J., June 12, by the Rev. Bishop Jones, assisted by the Rev. J. B. Shearer, H. Goodell Whitnall, M. D., of Syracuse, New York, and Miss Amanda E. Minard.

#### DIED.

**STEWART.**—At York Springs, Pa., on the 9th of March, Dr. W. R. Stewart, in the 65th year of his age. He was the oldest son of the late Dr. Alexander Stewart, of Shippenburg, Pa., and was a graduate of the University of Maryland, and an eminently successful practitioner for forty years.

**WRIGHT.**—May 24th, in Hamilton county, Ohio, Mrs. Sophia Huntington Wright, wife of Dr. Thomas Wright, and daughter of the late Dr. Samuel Huntington, of Vermont, aged 72 years.

#### OBITUARY.

##### Dr. James M. Good.

At a meeting of the physicians of West Chester, held June 14th, 1867, Dr. ISAAC THOMAS was called to the chair, and Dr. Wm. B. BRINTON appointed Secretary. Dr. J. PRICE offered the following preamble and resolutions, which were unanimously adopted.

*Whereas*, In the freshness of his early manhood, our friend and neighbor, Dr. JAMES M. GOOD, has been cut down by the hand of death, and prompted by deep sympathy for his bereaved mother, as well as high regard for the memory of the deceased, we have met together as members of a common profession, to give expression to our feelings upon this sad occasion; therefore,

*Resolved*, That in the death of our young friend, whose urbanity and kindness of heart had endeared him to us all, we recognize the hand of an inscrutable Providence, in whom we trust, and who we believe "doeth all things well;" and while we bow in submission to his will, we cannot but give expression to the sadness that fills our hearts at this dispensation.

*Resolved*, That our sympathies go forth to his relatives,



and especially to his widowed mother, in the deep affliction that rests upon her in the loss of her only child, a dutiful and affectionate son. And conscious of our utter inability to afford consolation, we commend her to Him "who is ever ready to comfort the afflicted and bind up the broken-hearted."

*Resolved*, That in the early death of Dr. GOOD, our profession has lost a member who, by his mental culture and professional attainments, upright and gentlemanly bearing, gave promise of a life of usefulness and honorable distinction.

*Resolved*, That a copy of the foregoing be furnished to the mother of the deceased, and also offered for publication in the papers of the county, and in the MEDICAL AND SURGICAL REPORTER, of Philadelphia.

(Signed) ISAAC THOMAS, President.

Attest—WM. B. BRINTON, Secretary.

HAYS.—In Philadelphia, May 4, 1867, of consumption, W. L. HAYS M. D., a graduate with full honors, of the Jefferson Medical College, of four years' standing, in the 26th year of his age.

Dr. HAYS was gifted with a mind of great brilliancy, was a hard student, affable and courteous to all, generous to a fault, an accomplished practitioner, a true and devoted friend, and was ardently attached to his profession, but which he was compelled to relinquish some twelve months since, in consequence of severe and protracted ill-health.

In the death of Dr. HAYS, his family have lost a cherished and beloved son and brother; his acquaintances and associates a genial and valued companion; the medical profession a greatly-esteemed member, and society at large one of its brightest ornaments.

As a tribute of affection to merit and virtue, these lines are inscribed in grateful recollection by a friend and classmate.

T. H. A.

#### METEOROLOGY.

June,	3,	4,	5,	6,	7,	8,	9.
Wind.....	S. W.	W.	S. W.	N. W.	N. W.	N. E.	N. E.
Weather.....	Cl'dy.	Clear	Clear.	Clear.	Clear.	Cl'dy.	Cl'dy.
Depth Rain..	6-10						9-10
Thermometer.							
Minimum.....	61°	67°	68°	70°	65°	46°	51°
At 8, A. M.....	70	69	76	79	73	67	52
At 12, M.....	79	74	79	84	78	65	54
At 3, P. M.....	78	75	81	86	77	66	58
Mean.....	72.	71.25	76.	74.75	73.25	61.	53.75
Brometer.							
At 12, M.....	29.7	30.	30.1	30.1	30.1	30.	30.
Germantown, Pa.							

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